

Coordination of Plans: Behavior Support, Accommodation, and Mental Health Treatment

by Diana Browning Wright

I.

BEHAVIOR SUPPORT PLANS

- ↳ **IDEA/504**—When “Behavior Impedes Learning” of the Student or Peers, or
- ↳ **IDEA/504**—After an Functional Behavioral Assessment for suspension past 10 days, involuntary transfer or expulsion recommendation, or
- ↳ **IDEA**—To “ensure behavior doesn’t recur” (after student has been removed for up to 45 days for drugs, weapons, “dangerousness”), or
- ↳ **NO Disability**—It is best practice for a school team addressing ANY student support need

Public agency shall ensure... that each teacher and provider is informed of his or her specific responsibilities related to implementing the child’s IEP and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP. (I.D.E.A. 1997 (300.342(b)(3))

Considerations in Developing Behavior Support Plans:

- Some data is required, but extensive data collection is typically unnecessary
- Assessment plan required?
 1. **Special Education or 504**
 - < **Unnecessary** if “based on a review of existing data;” but involve parents and student in the development process
 - < **Necessary** If new data collected (testing, analysis to determine disability, etc.) develop an assessment plan; involve parents and student in the process
 2. **No Disability**
 - < **Unnecessary** if no disability is suspected, but involve family and student in development of plan
 - < **Necessary** if disability is suspect and new data is to be collected (testing, analysis to determine disability, etc.)

Best Practices for Behavior Support Plan:

Assure the plan always addresses both the student/environment match and the reason (function) of the behavior:

- Specify environmental/instructional changes to reduce need to exhibit the behavior and what ‘predicts’ or ‘triggers’ the behavior
- Teach, elicit, and reinforce another behavior that meets the same function
- Specify parties responsible for implementing each component
- Specify coordination with other plans and communication between parties
- Specify reactive strategies all implementers will employ when the challenging behavior occurs

Behavior Support Plans For Whom?

Students who have behaviors impeding their learning or that of others

- If student has an IEP—regular IEP team function to develop BSP, standard parent rights
- If student has a 504 plan—becomes a part of the service plan to ameliorate adverse effects on a major life activity (learning)
- If student receives only general education services—school can elect to provide for any student (optional, but best practice)
- Can be a part of a ‘pre-referral interventions prior to considering special education evaluation’ in the student study/student success team model

II.

ACCOMMODATION PLANS

Accommodation Plans For Whom?

- **IDEA/504**—A student with an identified disability whose IEP team (or 504 team) determines accommodations (not substantially altered standards), and/or modifications (substantially altered standards) are needed to afford equal opportunity to access curriculum in the least restrictive environment.

Public agency shall ensure... that each teacher and provider is informed of his or her specific responsibilities related to implementing the child's IEP and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP. (I.D.E.A. 1997 (300.342(b)(3))

- **No Disability**—
 1. School team determines, or teacher independently decides to differentiate instruction, provide accommodations, for ANY of the learner's characteristics. Because there is no disability identified, these adaptations must not substantially alter standards, or
 2. A student study team specifies pre-referral interventions for special education evaluation—not designed to ‘substantially alter the standards’ (accommodations).

Best Practices for Accommodation Plans:

- Team developed, minimally intrusive, with least affect on standards
- District and school system for assuring all providers know an IEP or 504 plan is a legally binding document, detailing specifically what must be done, how to grade, how to change the plan if needed
- The accommodations facilitate both effective instruction and effective measurement of content mastery, not the continued measurement of the effects of disability on performance (e.g., a non-reader showing content mastery in history by a paper/pencil test requiring reading and writing demonstrates the effects of the disability, not the knowledge gained)



Differences between Behavior Plans and Accommodation Plans:

- ✓ **Behavior Support Plan:** addresses environmental changes and teaching of new behaviors to eliminate the student's use of inappropriate forms of behavior to get their needs met (either the 'getting of something' or the "protest/ avoidance/escape" of something)
- ✓ **Accommodation Plan:** addresses changes in instructional content, form, delivery, measurement, performance criteria, etc. that reduce effects of the disability on mastery of learning goals and objectives



Similarities between Behavior Plans and Accommodation Plans:

- ✓ Both seek to change how the student performs in a school environment
- ✓ Both are an IEP team function if the student has an IEP/504 plan, requiring no specific assessments to develop
- ✓ Both are a school team function if the student does not have an IEP/504 plan
- ✓ Both are implemented by teachers and other providers on campus

III.

MENTAL HEALTH/BEHAVIORAL HEALTH TREATMENT PLANS

- Treatment plans are developed by a licensed provider to address mental health status, often feelings and thoughts, that may be affecting emotional well-being and concomitant behavior patterns. This can include measurement of change in behavior as a result of interventions.
- Treatment plans are based on assessment with signed informed consent, conducted by a licensed provider, with services often provided in a variety of settings to achieve goals
- Treatment plans may include medication management, parent training, and therapies: group, individual, milieu, art, music, play and movement therapies, etc.



Similarities between Behavior Plans and Mental Health/Behavioral Health Treatment Plans:

- ✓ Address patterns of behavior and long standing difficulties that lesser interventions have not eliminated
- ✓ Require coordination between plans and providers with on-going communication



Differences between Behavior Support Plans and Mental Health/ Behavioral Health Treatment Plans:

Behavior Support Plans		Mental Health/ Behavioral Health Plans
Based on analysis of antecedent and consequences in immediate and immediate past to identify 'predictors' or 'triggers' for the behavior	vs.	Based on analysis of emotional status, psycho-social stressors past and current, DSM-IV diagnoses—the longer range 'predictors' or 'triggers,' often internalized and removed in time from current settings
Primarily targets the “do” of “think, feel, do” change efforts	vs.	Primarily targets the “think, feel” of “think, feel, do” change efforts
Change the form of the unacceptable behavior, change the environment to remove need to use the behavior (can include helping student think about his/her behavior)	vs.	Change how the student feels and thinks in order to change actions; manage medication; assist family with dynamics; coordination of interventions in interagency collaboration
Specific to educational settings to eliminate behaviors impeding learning	vs.	Addresses behaviors interfering with emotional/mental well-being in any environment, including home, school, community, workplace
Specifically states what school personnel should do to support the student at school and how to communicate with all implementers and stakeholders	vs.	States goals and objectives for the student, nature of the problem. Does not always state how school personnel should support the student in the classroom.
Broad definition of who requires	vs.	Narrower definition of who requires (if school is funding)
Ongoing communication between service providers at school without permission for communication	vs.	Informed consent necessary, confidentiality rules between agencies

Method of Coordinating All Plans

- ➔ **Action Planning** for all three plans: An IEP team appointed case manager is necessary with assigned contact dates and system for contacting, documenting, communicating with all implementers (including designated mental health providers) and family. Remember confidentiality and necessity for informed consent.
- ➔ **Measure student progress** on all three plans through goals and objectives reporting “at least as often as is reported for student without disabilities.”
- ➔ **Develop written forms** for all three plans which specifically reference other plans in effect.
- ➔ **Develop “memorandum of understanding”** between agencies when interagency collaboration is in effect (e.g., Systems of Care) to facilitate information sharing.